

Liquor......\$75.00

## **APPLICATION FOR CHANGE** OF LIMITED LIABILITY COMPANY MEMBER AND/OR MANAGER

TYPE OF LICENSE HELD/FEE

Master File No. (For Office Use Only)	
UBI No.	
FOR VALIDATION ONLY	

\$

AMOUNT DUE

01P-400-731-0003

List fee amount next to each license you hold and enter total fees due in the TOTAL AMOUNT DUE box below:

Lottery <b>\$25.00</b>								\$	
					TOTAL A	MOUNT E	DUE	\$	
					pe filed with the wave any questions			ecretary of State. -1400.	
IMITED LIABILITY	COMP	ANY INF	ORMAT	ION					
Name of Limited Liability Company				UBI No.					
Company Mailing Address: Street or Route			City State Zip Code		Telephone No.				
MEMBER/MANAGE	RINFO	RMATIO	N						
Name of Member/Manager:	Last	First	Middle		Social Security No.			Birth Date Month/Day/Year	
Home Address: Street or Rout	e				City	State		Zip Code	
Day Telephone No.				Evening Telephone	No.	Percer		entage of Interest in Business	
Name of Member's Spouse:	Last	First	Middle		Social Security No.	<u> </u>		Birth Date Month/Day/Year	
Name of Member/Manager:	Last	First	Middle		Social Security No.	Social Security No.		Birth Date Month/Day/Year	
Home Address: Street or Rout	e				City	State		Zip Code	
Day Telephone No.				Evening Telephone ( )	No.	P	Percenta	ge of Interest in Business	
Name of Member's Spouse:	Last	First	Middle		Social Security No.	'		Birth Date Month/Day/Year	
Name of Member/Manager:	Last	First	Middle		Social Security No.	Social Security No.		Birth Date Month/Day/Year	
Home Address: Street or Rout	e				City	State		Zip Code	
Day Telephone No.				Evening Telephone ( )	No.	). Percen		ge of Interest in Business	
lame of Member's Spouse:	Last	First	Middle	,	Social Security No.			Birth Date Month/Day/Year	
nder penalty of perjury, at each member/mana gent, employee, or reprinderstood a misreprese	ger is the esentativ	certify there e real party e of any o	e have been of interest ther perso	en no changes in st with respect to in not reported. I	his/her position and his/her p	anagers the d is not ac rtifies on b	cting document	irectly or indirectly as of the company that it	
ignature			Th	e Department of Li	Date censing has a policy of	of providing	egual a	access to its services. If 🕊	